Companion Document For

ANSI ASC X12N 278 4010A1 (Health Care Services Review Information – Request for Review) Submission To

Alabama Medicaid

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The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 278 implementation guide has been established as the standard of compliance for Health Care Services Review Information – Request for Review transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 278 implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 278 implementation guide. Additional companion documents will be developed for use with other HIPAA standards as they become available.

Note: *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. A copy of the most current version of this companion document can be obtained from the internet at http://www.medicaid.state.al.us/HIPAA/index.htm.*

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-------	Alabama Medicaid will convert all lower case characters submitted on an inbound 278 file to upper case when sending data to the AMMIS. Consequently, Health Care Services Review Information data will be submitted in upper case.
2.	-----	-------	You must submit incoming 278 data using the basic character set as defined in Appendix A of the 278 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause unpredictable results, such as problems with the creation of the outbound 278 transaction.
3.	-----	-------	The incoming 278 transactions utilize delimiters from the following list: greater than symbol (>), asterisk (*), tilde (~), colon (:), pipe symbol (|), exclamation point (!), and carat (^). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: tilde (~) for segment separators, asterisk (*) for data element separators and colon (:) or the greater than symbol (>) for component data element separators. The usage of these characters within <u>text data elements</u> in the incoming 278 transaction may cause problems with creation of subsequent transactions, such as the outbound 278.
4.	-----	-------	Only loops, segments, and data elements valid for the HIPAA 278 Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause files to be rejected.
5.	-----	-------	All dates that are submitted on an incoming 278 transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).

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6.	-----	-------	Alabama Medicaid will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).
7.	-----	-------	Alabama Medicaid will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
8.	-----	-------	Alabama Medicaid suggests that inquiries include only one subscriber (recipient) and one event per transaction. Please refer to paragraph 2.1.1 of the Implementation Guide for additional information.
9.	-----	-------	We suggest retrieval of the ANSI 997 functional acknowledgment files on the first business day after the 278 file is submitted, but no later than five days after the file submission. A 997 (Functional Acknowledgment) will be returned to the sender once a transaction set is received and processed.
10.	-----	-------	File compression is supported for transmissions between the submitter and Alabama Medicaid. Any compression software that is compatible with PKZIP by PKWARE, Inc. is supported.
11.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Sender ID (ISA05).

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12.	-----	Interchange Control Header	• Use the Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Sender ID (ISA06). • For web submissions, the submitter id in the file must match with the user id that submits the file, otherwise the file will not be processed. There should be only one ISA/IEA envelope per batch file submission. • For FTP to the mainframe, multiple transactions (ISA/IEA envelopes) submitter ids may be submitted within the batch for each file, but a 997 will be returned for each ISA/IEA envelope within the batch. If only one 997 is desired, then the files in the batch should contain one set of ISA/IEA, GS/GE and ST/SE envelope segments per file.
13.		Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Receiver ID (ISA07).
14.	-----	Interchange Control Header	Use '752548221' followed by 6 spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Receiver ID (ISA08).
15.	-----	Functional Group Header	Use the Provider Submitter's ID assigned by Alabama Medicaid as the Application Sender's Code (GS02).
16.	-----	Functional Group Header	Use '752548221' as the Application Receiver's Code (GS03).
17.	-----	Functional Group Header	GS08 should be populated with '004010X094A1' and all changes per the addenda be incorporated in the 278 transaction.
18.	2010B	Requester Name	Use '1P' as the Entity Identifier Code (NM101).
19.	2010B	Requester Name	It is strongly suggested that '46' be sent as the Identification Code Qualifier (NM108) and the Electronic Transmitter Identification Number (ETIN) be sent as the Identification Code (NM109).
20.	2010B	Requester Supplemental Identification	It is suggested that 'ZH' be sent in the Reference Identification Qualifier (REF01) field and Requesting Medicaid Provider ID or the Provider's License Number be sent in the Reference Identification (REF02) field. It is highly suggested that only 1 occurrence of the 2010B/REF segment be used.

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21.	2010B	Requester Contact Information	It is suggested that the PER segment be used to provide contact information. 'IC' in PER01, the name of a person to be contacted in PER02 and one email address, one phone number and one fax number in the other PER fields.
22.	2000C	Accident Date	If an accident is involved with this patient event, it is suggested that the accident date segment be used.
23.	2000C	Subscriber Diagnosis	It is suggested that HI01-2 (Industry Code) be used for Primary Diagnosis Code and HI02-2 (Industry Code) for the Secondary Diagnosis Code.
24.	2000C	Additional Patient Information (Addenda)	Use the PWK segment to describe any paperwork needed to support the prior authorization request. Only 10 PWK segments will be supported.
25.	2010C	Subscriber Name	It is suggested that 'MI' be used as Identification Code Qualifier (NM108) and the Medicaid Recipient Identifier for (NM109).
26.	2010C	Subscriber Supplemental Information	If a patient account number is to be stored with the request, it is suggested that 'EJ' be used in the Reference Identification Qualifier (REF01) field and the account number in Reference Identification (REF02). It is suggested that only one occurrence of this segment be used and only use this for patient account number.
27.	2000D	Dependent Level	Dependent Level information will not be used by Alabama Medicaid when processing Health Care Services Review Information – Request for Review transactions.
28.	2000E	Service Provider Level	It is suggested that only one occurrence of loop 2000E be used to support one Service Provider
29.	2000E	Service Provider Level	It is suggested that the Message Text segment be used for the Clinical Statement.
30.	2010E	Service Provider Name	It is suggested that 'SJ' be used in the Entity Identifier Code (NM101) field, '46' be used in the Identification Code Qualifier (NM108) field and the ETIN be used in the Identification Code (NM109) field.
31.	2010E	Service Provider Supplemental Identification	It is suggested that 'ZH' be sent in the Reference Identification Qualifier (REF01) field and Requesting Medicaid Provider ID in the Reference Identification (REF02) field. It is highly suggested that only 1 occurrence of the 2010B/REF segment be used.

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32.	2010E	Service Provider Contact Information	It is suggested that 'IC' be used as the Contact Function Code (PER01) and that the name of a person to be contacted for the service provider in Name (PER02).
33.	2000F	Service Level	The 2000F supports multiple occurrences. Twelve prior authorization details will be supported. One detail equals one combination of the UM segment and an HI segment procedure code. Each UM segment requires one HI segment.
34.	2000F	Health Care Services Review Information	It is suggested that 'AR' be used for an inpatient stay authorization and 'SC' for Psychiatric in the Request Category code (UM01) field, an HI segment is not required when UM01 = 'AR' or 'SC'. It is suggested that 'HS' be used for all others. An HI segment with at least one procedure code is required if UM01='HS'
35.	2000F	Health Care Services Review Information	It is suggested that 'I' be used for an initial certification request and 'R' be used for renewing a certification (re-certification) in the Certification Type code (UM02) field. Also accepted are certification type codes '1' or '2' (Appeals), '3' (cancellations) and 'S' (revisions).
36.	2000F	Health Care Services Review Information	Home Health Certification Type will replace Certification Type (UM02).
37.	2000F	Health Care Services Review Information	UM04 is the Place of Service or the first 2 characters of Bill Type. It is suggested that 'An' in UM04-2 be used for the first 2 characters of Bill Type and 'B' in UM04-2 for Place of Service.
38.	2000F	Health Care Services Review Information	Home Health Prognosis will replace Prognosis code (UM08).
39.	2000F	Health Care Services Review Information	Use this field (UM010) to explain why there was a longer delay than expected to file this authorization request.
40.	2000F	Service Date	Use this field for service stop and start dates.
41.	2000F	Service Date	Home Health Start Date and Service Date will override the Service Date (DTP03).

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42.	2000F	Admission Date and Discharge Date	These dates can be used, but it is not recommended because they will merely override the dates in the DTP Service Date field. There will only be one start date and stop date stored in the Alabama Medicaid system for a prior authorization request detail.
43.	2000F	Surgery Date	It is suggested that this date be the actual surgery date.
44.	2000F	Procedures	In the HI segment, up to 12 procedures can be coded. Although 12 are supported, it is highly suggested that only one procedure (HI01-2) be used. Only one unit field can be coded for up to 12 procedure codes on a single HI segment. Quantity can be used to if requesting more than once occurrence of the procedure code. Using more than one procedure in one HI segment may not produce the desired result.
45.	2000F	Procedures	The procedure dates can be used, but it is not suggested because they will merely override the dates in the DTP Service Date field. There will only be one start date and stop date stored in the Alabama Medicaid system for a prior authorization request detail.
46.	2000F	Monetary Amount	This is the PRICE/DOLLARS field from the PA form. Monetary Amount or Quantity (UNITS) is required for each procedure.
47.	2000F	Procedure Quantity	This is NOT the Units field. It is recommended that this field not be used.
48.	2000F	Quantity	HSD01 and HSD02 make up the UNITS field from the PA form. Use HSD01 to identify the quantity type and HSD02 to identify the quantity.
49.	2000F	Patient Condition	It is suggested that CRC01 be used in the Code Category to identify the patient condition code category and that 'Y' be used in the Yes/No Condition (CRC02). CRC03 to be used for the patient condition code. Other CRC segment patient condition fields are not supported.
50.	2000F	Ambulance Transport Information	It is suggested that only CR103 and CR104 be used.
51.	2000F	Home Oxygen Therapy Information	It is suggested that the CR5 segment be used for oxygen therapy authorizations. This replaces some of the information on the oxygen therapy request form.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
52.	2000F	Home Health Care Information	This segment is only necessary for capturing two fields related to Home Health: CR607 Medicare Coverage Indicator and CR617 Patient Discharge Facility Type Code. It is suggested that both of these fields be used for a Home Health authorization request. If the CR6 segment is used however, CR601, CR602, CR606 and CR608 are required. If these fields are different than the same named fields in the UM segment, they will override the UM fields. There will only be one prognosis code, one certification code and one start/stop date stored in the Alabama Medicaid system per detail.
53.	2000F	PWK & MSG	PWK and MSG segments in loop 2000F are not supported.